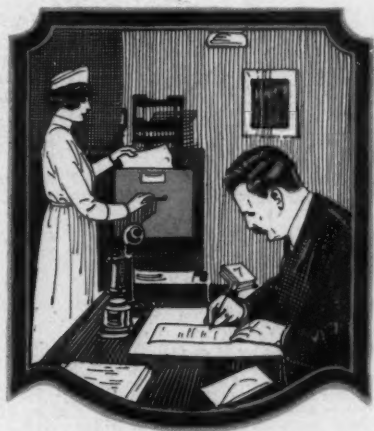


THE *Canadian Hospital*

A Monthly Journal for Hospital Executives



Toronto, Can.

The Edwards Publishing Company

July, 1926



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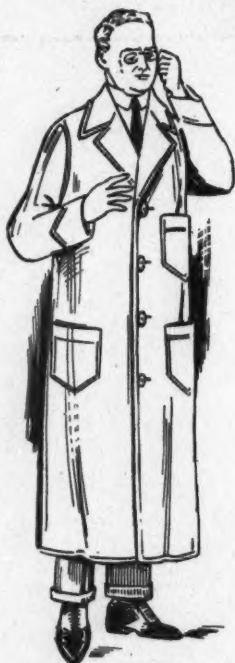
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*—they voted these new forms of gauze
"a positive and lasting contribution to
surgical dressings practice"*

~ ~ ~

SHOWN for the first time this Spring, Curity Gauze in its new forms met instant acclaim. Delegates at the Ohio and Pennsylvania Hospital Conventions and at the American Health Congress in Atlantic City were enthusiastic. "A positive and lasting contribution to surgical dressings practice"—they called it.

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IN actual price, the new 4½" Dressing Roll is exactly the same as gauze in bolts, while the Ready-Cut is only a few cents more per hundred yards. In net cost, when savings in time, labor, and material are figured, both new forms are *far more economical than bolts*.

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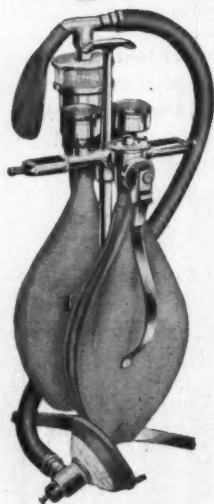
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Canada's Part in Medical Science

It is only natural that, in a country in which both individuals and institutions, through a long period of early development, have to depend upon themselves alone for the solution of any difficulties and problems which might arise, a certain vigor, independence and originality of thought will be noticeable. This has been noted particularly in respect to Canadian medicine, and the fifty-seventh annual meeting of the Canadian Medical Association, held in Vancouver, B.C., last month, showed that, during the past year, Canada has again made substantial contributions to the field of medical science. At the University of Western Ontario, A. A. James, N. B. Laughton and A. Bruce Macallum have developed an extract of the liver which effectually reduces the blood pressure in experimental animals, and gives promise of becoming a valuable therapeutic

agent in medical practice. The clearing house for information on insulin remains at Toronto, while Collip in Western Canada has done the most substantial recent work on the parathyroids. The Canadian Medical Association has done its share towards the advancement of the standards of medicine in this country to a point at which they equal those of any country, and it is gratifying to note the association is maintaining its high place in the medical world.



Diners to Help Hospitals' Expenses

A new and unique tax for the benefit of hospitals was imposed in Quebec last month, and the first collections appear to have been eminently satisfactory, both to the hospitals and to the public. Considering, not only the strange nature of the tax, but the fact that it is the outcome, not of Government initiative, but of the prompting of public spirit and a benevolent desire to place the hospitals in a position to supply the services which are demanded of them, Quebec may well claim to have commenced a very fine solution to the financial difficulties of the institution. In brief, a five per cent. tax will be imposed upon all who dine in public restaurants and hotels, providing their bills exceed one dollar. It is not thought that this levy will prove in any way burdensome, and a semi-official estimate places the probable receipts for one year at \$300,000. An exceedingly fine aid for Quebec hospitals.

For a long time the hospital situation in Quebec, and more especially in Montreal, has been acute. In Montreal, for instance, the city has grown to an extent that taxes these institutions far beyond their resources. In addition public appreciation of the valuable medical and surgical skill available is becoming more marked, and the number of patients seeking to avail themselves of these valuable services has made the problem of supply doubly serious. The problem has been, and is being, faced heroically by the various hospital authorities, but, to ensure an adequate solution, there must be a generous and co-operative support from the population. The first measure of their aid is extremely heartening.



Pyromaniac Blamed for Fires

The possibility of a pyromaniac, of the most dastardly type, being at work in Toronto, caused considerable alarm last month, when two fires within a week visited St. Joseph's Hospital. Fortunately the damage suffered was of a financial nature only, but the potential danger to the inmates of the hospital was, and is, sufficiently grave to hope that the incendiary, if there is one, will be quickly apprehended. It is hard to conceive any man, even if mentally deranged, venting his fury upon helpless invalids, and yet, in the absence of any other indication as to the cause of the fire, it is to this theory that both the hospital authorities and the police incline.

Suspensions were aroused after the first fire, and, after consultation with the police, it was decided to have additional protection. Extra employees were ordered to assist the night watchman in his patrol of the building. They were unable, however, to prevent the second outbreak. After that the guards were doubled, and police assisted them in their patrol. There has been no further trouble, but the minds of all will be eased when the incendiary is apprehended.

Special praise is due the hospital authorities for the calm, efficient manner in which they worked through these times of danger. "I have nothing but the highest praise for them; they did everything possible," declared Fire Marshall Heaton. "Their coolness, energy and courage are deserving of the highest commendation. They left nothing undone for the safety of their patients." About 140 patients were in the hospital, and, thanks to the efforts of their attendants, the greater majority did not know the fire was in progress. About twenty patients, all on the ground floor, had to be moved, and their transfer to a place of safety was effected before the fire reels had arrived. None of them knew why they were moved, until after all possible danger was over. None suffered any ill effects.

Better Conditions in Nurses' Home Reduce Days of Illness

The nurses' home of the General Public Hospital, St. John, N.B., has accomplished one of the objects for which it was built. It has provided healthier quarters for the nursing staff of the hospital. This fact was brought out in the special report received from Miss Margaret Murdoch, superintendent of nurses, at a meeting of the Board of Commissioners.

The report stated that from January 1, 1912, to April 1, 1916, there was an average of 40 nurses on the staff and the average loss of time through sickness was 21½ days, while from August 1, 1921, to February 1, 1926, the average of nurses on the staff was 60 and the average loss through illness was 15 days. The two periods given in the report showed conditions before the nurses' home was built and after the nurses' home was being used.

Ontario Medical Association Officers

The forty-sixth annual convention of the Ontario Medical Association was held in London, Ont., when the following officers were elected: Dr. Edgar Brandon, North Bay, president; Dr. Weston Krupp, Woodstock, and Dr. E. A. McQuade, Toronto, vice-presidents; Dr. C. S. Cameron, Peterboro, treasurer; Dr. T. C. Routley, Toronto, secretary; Dr. A. J. Grant, London, Dr. Ward Woolner, Ayr; Dr. Malcolm Stalker, Walkerton; Dr. J. H. Holbrook, Hamilton; Dr. R. W. Mann, Toronto; Dr. F. C. Neal, Peterboro; Dr. L. J. Austin, Kingston; Dr. J. A. Dobbie, Ottawa; Dr. W. J. Cook, Sudbury, and Dr. J. I. Pratt, Port Arthur, board of councillors.

Whatever we hope to do with ease, we must first learn to do with diligence.—*Samuel Johnson.*

Expansion Proposal for River Glade Involves Big Expenditure

An expansion plan for the provincial sanitarium at River Glade, N.B., involving an expenditure of \$120,000 in building and meaning an addition of \$15,000 annually in maintenance and operating costs, was placed before the provincial government at Fredericton by a delegation from the commission operating the institution.

Under the commission's proposals \$100,000 would be available from the Jordan Estate funds, and the government were asked to supply the remaining \$20,000 required for the building, as well as the additional \$15,000 a year that will be required for maintenance and operating expenses. Hon. J. A. Murray, ex-premier, of Sussex, A. E. Trites, and J. W. Carter, of Salisbury, were the members of the commission present. They were accompanied by Dr. Collins, Supt. of the institution, and Dr. Woodhouse, of Ottawa, secretary of the Canadian Anti-Tuberculosis Association.

The cabinet, after considering the proposals, appointed a committee to visit River Glade and take up the entire situation as to the future of the institution with the members of the commission at an early date. Premier Baxter, Hon. Dr. H. I. Taylor, Minister of Health, Hon. D. A. Stewart, Minister of Public Works, Hon. Lewis Smith, Minister of Agriculture and Hon. A. J. Leger, Provincial Secretary-treasurer, were named as the cabinet committee.

The sanitarium has a waiting list of upwards of thirty patients requiring treatment there for whom there is no accommodation. Present capacity of the institution is about seventy.

Successful Campaign for Orthopedic

Toronto.—Initial public effort to equip Toronto Orthopedic Hospital adequately to insure proper service to more patients closed on June 23rd, with a total amount subscribed of \$171,332, the objective at the beginning being \$175,000. The latter sum, however, is well within reach of the committee, as announcements were made of subscriptions to come, and two workers in the campaign had guaranteed \$1,000 between them to bring up the total.

Sir James Woods, who contributed a very substantial sum of money to cover each and every item entering into the cost of bringing the subscriptions in, addressed the workers after Duncan Cameron, Secretary-Treasurer of the hospital, had made his financial report. Sir James Woods said the amount subscribed would be treated by the Board of Governors as trust funds. Improvements and extensions would not be made hastily, but time would be given to elaborate proper and modern plans, and the work would be done with efficiency and with economy.

Presented with X-Ray Equipment

Clinton, Ont.—At a recent meeting the board of management of the Public Hospital were presented with a complete X-Ray machine. The donor was Mr. John E. Howson, of Vancouver, who made the presentation in honor of his mother who passed away in Clinton in 1915.

THE ORGANIZATION OF A HOSPITAL

Responsibility in the Hospital, Large or Small, must be Clearly Defined, but the Co-operation of all is needed to Ensure Successful Operation.

By H. D. JOHNSON, M.D.

There are a great many varieties of hospitals; and they are of different sizes and different standards; but the same underlying principle of operation and control is to be found in a hospital having 10 or 20 beds, as in one having 100 to 200 beds or in one of 500 or more. The only difference is to be found in the methods of applying the details. It is really more difficult to get this work done smoothly in small than in large hospitals, but the same principle of organization must govern.

There must be a centralized control; and the controlling body must accept the responsibility. If they are not willing or able to do this, they should make way for others who feel they can do better.

The people whom the hospital serves should believe, and are entitled to believe, that the organization is doing all in its power to give the very best service that can be given. The working of the institution must not be dominated by any single person or group. The service of the institution must be community wide.

In choosing the Board of management, or trustees, the greatest care should be taken that only those with broad vision, and with firmness to carry on, should be elected.

Once the Board is so chosen, it becomes their problem, and their duty lies straight before them; and they should not be interfered with in carrying out their plans; but on the other hand they should be given the most loyal support of all those whom the institution is meant to serve. They need all the assistance that can be given to enable these small hospitals to be so run that, without cheese paring, the difference services can do their very best, and have the necessary apparatus and supplies to do all the work required for patients.

In voluntary hospitals, such as we have in this Province, where there is practically no aid from either Provincial or civic government, it is impossible for any body of trustees to finance the institution without adequate help from those in the community who can afford such help; especially as there are always patients who are wholly unable to pay anything for their hospital upkeep. It does seem that the deserving poor of the province should be supported when ill by the Province; and also those in incorporated towns should get support from their home town. (This is, I think, the only place that such financial help is lacking.)

The selection of the Superintendent is of the very highest importance. She must have broad ideas and a perfect understanding of the problems of hospital administration. This is more important, even, in small than in large hospitals. She may be one who may have the most eminent qualities as a nurse; she may be a wonderful house-keeper; she may be a thoroughly competent dietitian; but if she has not

an individuality sufficiently strong to smooth out petty difficulties of administration, she will without any doubt be a failure in what is the most important part of her work.

She should be broad enough to seek advice, and to accept it, and act upon it; especially this should be done in connection with the medical staff; because (and perhaps this is not enough thought about), it is not at all in the interest of a hospital to attempt to administer it without the very closest contact with the medical staff, and the endeavour to meet their problems.

Departmental work is just as necessary in small as in large hospitals; but in the small institutions there should be a combination of duties. As an example of this, I might cite the case of Dr. Houston, who has charge of three different departments in the Prince Edward Island Hospital. He has charge of the pathological laboratory, the X-Ray laboratory and the department of Anaesthetics.

There should be a chief of the Department of Medicine; and chief Department of Surgery, a chief Department of Obstetrics, and diseases of children; and a chief of Eye Department, and Ear, Nose and Throat department. These latter in smaller hospitals would probably come under one head also.

The head of the nursing department should not have any other departmental duties, as her time should necessarily all be given to that service, which is a very exciting one.

The housekeeping and dieting departments may often be combined; but this does not work out very well in many cases.

The Superintendent should have control of the laundry; and of all purchases and issues.

The accounting of a hospital is one of the most important parts of the work; and should be very accurately carried on by the Superintendent, or under her control and direction.

She should have the necessary clerical assistance; and the secretary or clerk should during her hours of work receive telephone messages, and answer them where possible, giving information required by the friends or relatives of patients.

To enable this to be done from the office, as it should be, the Superintendent should have all required information about any patient forwarded to her by the head ward nurse, on the admittance of the patient, and subsequently if any change is to be noted.

This should relieve the Superintendent and the nurses, who are often called personally to the telephone to answer questions that should properly be answered from the office.

Friends should know that the staff of a hospital is generally busy, and that nurses can not leave their work to come to the telephone every little while, so they should just ask the hospital to give the available news of the welfare or otherwise of the patient,

and they will receive from the secretary all the information that can be obtained.

In the financial accounting, a regular budget should be made out; and this should of course be scanned carefully and continuously; and every month there should be a careful audit made by the Finance Committee, or some volunteer worker. The accounting problem of a hospital might have three divisions:—A. Accounting General; B. Accounting Patients; C. Record and Analysis.

By accounting general we mean that part of the financial records which will account for all capital assets, liabilities, receipts and expenditures, all compiled operating income (other than individual patients' accounts) and all compiled operating expense.

It does not make great difference what exact type of accounting is used; but it must show a true statement of the performance of the institution. The same accounting methods apply to hospitals as to other businesses; and a complete record (journal, cash book and ledger) should be made. Standard accounting forms can be used; but special forms for hospital use, showing statistics that are desirable for analysis are available, and would appear to be better for the purpose.

A Chart of accounts is used in most hospitals and is of great use. It should allow of the grouping together of current income and expense of periods for comparison, so the status at any time can be shown; and comparison can be made between similar periods of different years.

I have already mentioned that a budget system is of great importance. Well, what is it? According to the Director of the Budget of the United States Government a budget system is nothing more or less than an orderly procedure which requires a constant application of the best known principles of business conduct in the financial affairs of an activity, with the accompanying requisite of a continuous endeavour to keep those activities alive in the acts of the individuals charged with the operation of the system.

It is really carrying out an old truism, that nothing worth while is attained without planning. A budget may be said to be a system of guide posts in the financial scheme of the hospital.

"For of Such—"

Dedicated to the Toronto Orthopedic Hospital Campaign.

They do not know, these little ones,

The joy of Childhood's Day.

They only know the hours are long

While other children play.

They cannot join the merry throng,

The laughter in the street,

For they must walk the lonely way

With weak and stumbling feet.

Ah, well they know—those little feet—

The thorned path He trod.

I think a little crippled child

Is very near to God.

—Alicia Carveth Campbell.

Our powers owe much of their energy to our hopes.

Central Registry of Nurses Shows Remarkable Growth

Toronto.—A gratifying increase in the growth of the Central Registry of Graduate Nurses was revealed by the reports presented at the twenty-first annual meeting. Inaugurated in 1905, the Central Registry has grown steadily, till today it takes first place among institutions of its kind on the continent. In the first year of its existence, 214 nurses were enrolled, and 499 calls were answered, while to-day the membership stands at 1,143, and calls for the year ending April 30th totalled 12,777.

English Nurses Have Novel Way of Showing Protest

London, Eng.—Nurses and domestic staff of the Victoria Hospital, Swindon, numbering about 50, have just been involved in an unusual protest against the action of the management committee in dismissing the matron, Miss Tucker, who has been at the hospital for 12 years. They have "struck," but are remaining in the hospital as voluntary workers, and refused to accept their salaries.

Miss Tucker was asked to resign some weeks ago in consequence of certain charges made against her, but she remained at her post at the head of the voluntary workers. These workers refused to accept their salaries or orders until Miss Tucker was reinstated.

Toronto East Hospital Campaign Proved Very Successful

The campaign to raise funds for the Toronto East General Hospital closed with contributions totalling \$273,566. This was the objective set, and the Organization Committee expressed itself as eminently satisfied with the support accorded by the public. Grants from the City of Toronto and the Townships of Scarborough and East York, together with the Hill will bequest of \$100,000, are expected to bring the big campaign to a very successful termination.

Ambulance Cars on C. P. Railway

An innovation in railway passenger service has been inaugurated by the Canadian Pacific Railway along its Laurentian division where two ambulance cars are now available for sickness or injury. First-class coaches have been equipped with hospital facilities sufficient to care for five patients. The cars are attached to the baggage car, entrance being gained by way of the latter so that complete privacy is ensured. The accommodation is provided on two trains daily throughout the week and on one train on Sunday.

Doctors and nurses of Montreal and district have been notified of the new service so that full advantage may be taken of it by travelling patients.

Health is a thing to be attended to continually. There is no achievement in the world that is equal to perfect health.—*Thomas Carlyle.*

Sacred Heart Hospice, Sherbrooke, Has Fiftieth Birthday

The Sacred Heart Hospice, Sherbrooke's only home for the aged, homeless and young orphans, observed its fiftieth anniversary on April 21st last, having been founded here half a century ago by four Grey Nuns from the Mother House in St. Hyacinthe. To the late Rev. Father A. E. Dufresne, the rector of St. Michael's parish, and to Mgr. Antoine Racine, the first Roman Catholic Bishop of the Sherbrooke diocese, is due much of the credit for the opening of this worthy institution within the city limits.

The first building in which the Rev. Sisters began their work, that of caring for the sick of the diocese, as well as the orphans and aged, was indeed a very small, humble building. This first Hospice was situated at the City Limits on the Lennoxville Road, and measured 100 feet by 27.

It was within this building, with few, if any conveniences, that the Sisters carried on their work for the next ten years. So great was the field for their labors, however, that at the end of ten years it became apparent that a larger establishment was necessary.

The Sisters, with the intervention of Rev. Father Dufresne, bought an estate on Belvidere Street, the present site of the Hospice. In 1886 the construction of the new building was begun, and on December 8th, of the next year, the new building was blessed, and its doors thrown open to all regardless of religious belief, nationality or circumstances.

Special Building Needed

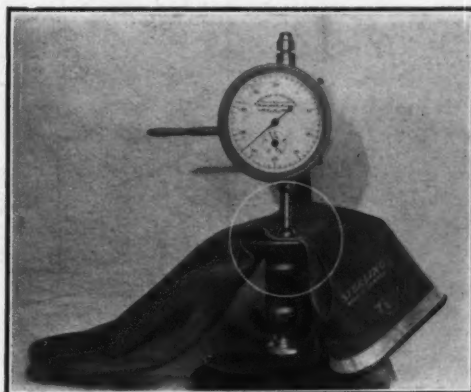
After another decade the sick attendance was so rapidly increasing that it was apparent that a special building was needed for this branch of the Sisters' work. The matter was given the personal attention of His Lordship Bishop Larocque, who had been appointed to the Episcopal See on the death of Bishop Racine. On March 19th, 1909, the dream of the Lord Bishop and Rev. Sisters was realized, and St. Vincent de Paul Hospital was opened. With a special building for the sick of the diocese, the Hospice was in a position to give more room and attention to the aged and orphans.

In 1919, in order to meet the needs of the still-growing population of the Eastern Townships, extra additions were needed. Steps were then taken, again under the personal supervision of the Lord Bishop of the Diocese, which resulted in three pavilions, carried to five stories, being added to the former part; this is the actual Sacred Heart Hospice. The new structure was completed in 1922, and its inauguration was officially made by Bishop Larocque on the 29th of June of the same year. The Sacred Heart Hospice can now accommodate 650 inmates.

The Sacred Heart Hospice which is now carrying on its work under the direction of Rev. Sister Grenon, as Mother Superior, is truly a Sherbrooke institution. Establishing itself here at a time when Sherbrooke was passing from the status of a town and becoming a city, it has grown with the city, and to-day it is thoroughly equipped and capable of meeting all the demands of the times.

Please refer to THE CANADIAN HOSPITAL when writing

Right Thickness



The illustration shows an actual test of the thickness of STERLING gloves. Hundreds of experiments were made in arriving at the correct thickness, insuring maximum sterilizing qualities without loss of the sense of touch.

This is another reason why STERLING gloves are the most economical.

The STERLING trade mark on rubber goods guarantees all that the name implies.

Sterling Rubber Company Limited

GUELPH - CANADA

Largest Specialists in SEAMLESS Rubber Gloves in the British Empire.

THE HUGHES OWENS CO. LIMITED

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Canadian Distributors
for Carl Zeiss

Montreal - Ottawa - Toronto - Winnipeg



Gendron's Invalid Chairs

"The Standard for Years"

40 years of experience in the making of Invalid Chairs has taught us how to manufacture chairs of the very highest grade in which are incorporated special features to be found in Gendrons exclusively.

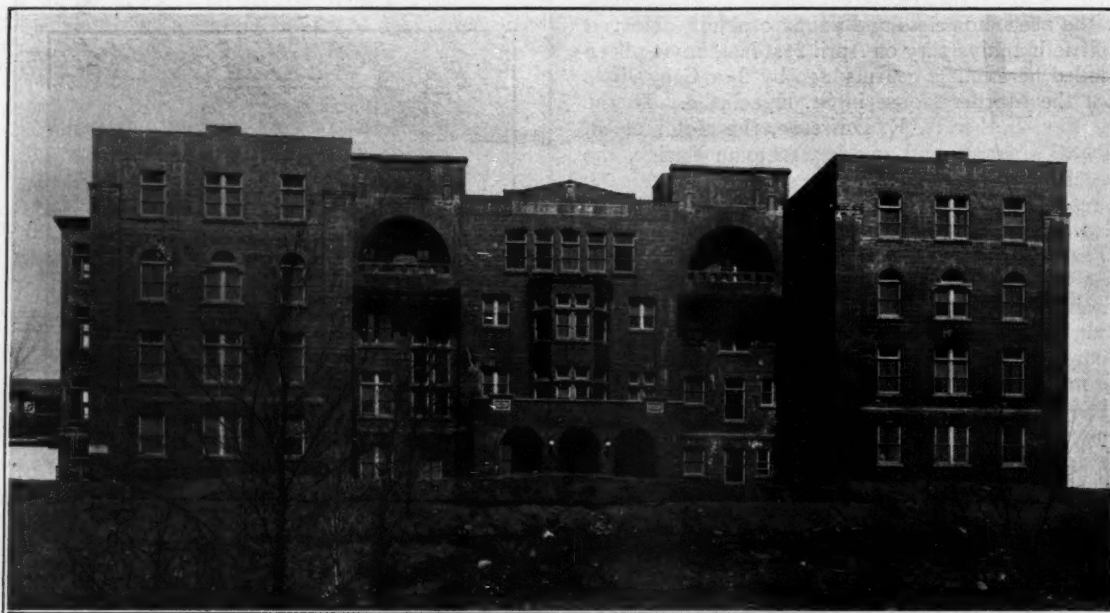
Made in Canada

Write for Catalogue

Gendron Manufacturing Co., Limited

125-141 Duchess St., Toronto

NEW ST. MARTHA'S IS SPLENDID HOSPITAL



St. Martha's Hospital, Antigonish, Nova Scotia

From a six-bed cottage in 1906 to a magnificently imposing four-storey building with a bed capacity of over 100, is the progress marked by St. Martha's Hospital, at Antigonish, N.S., by the recent opening of its latest building. The new structure entirely deserves the description of it of "the grandest edifice ever dedicated in the Maritime Provinces to the cause of suffering humanity, made possible by the unselfish and generous singleness of purpose of the people, irrespective of creed or class." Built at a cost of \$300,000, this steel, brick and tile fireproof plant is of the most modern construction, fully equipped throughout, and a self-contained unit for the aid of all unfortunate sufferers. It is situated on very high ground, overlooking the town and harbour of Antigonish.

The plan of the building takes the form of a letter "H," 100 feet wide by 160 feet long. The main entrance faces south. Chappell and Hunter, of Charlottetown, were the architects, and the hospital plans were first definitely formulated in the fall and winter of 1924. The general contract was awarded to the Parsons-Ed Company, Limited, of Moncton, who completed their work approximately two months ahead of time. Their contract figure was around \$250,000. In April, 1925, the first sod was turned, and less than a month later foundation work was commenced. Before the end of May the first steel column was set in place, and 210 tons of steelwork were erected in the course of the work. The laying of the brick commenced in June.

There are several hundred rooms in the building and the partition walls throughout are constructed of terra cotta tile, manufactured by L. E. Shaw, Ltd., Avonport, N.S. This firm also supplied the furring tile used on the exterior walls of all floors, and inter-

locking tile for the pent house, skylights, etc. Plaster was applied directly to this tile, and there is no wood lath of any kind throughout the entire building, which is strictly fireproof.

Plumbing and Heating

The plumbing equipment and fixtures, and heating plant, are of the most modern design and are especially adapted to hospital use. Throughout the entire building the regular windows have been fitted with permanent winter sashes, while in the operating room plate glass, specially prepared for its diffusing qualities, has been installed in steel sash. The numerous doors of the building are of the dustless slab type, finished in mahogany stain. They are handsome in appearance, and though heavy are hung so that they move easily. They are wide enough to permit the wheeling through of a bed.

The floors of the institution are covered with Dominion battleship linoleum, supplied and laid by the Gordon & Keith Furniture Company, Halifax. More than three thousand yards of this material were required, and its use will go far to secure the noiselessness that hospital efficiency demands.

Wards and rooms throughout the hospital have been equipped with adjustable beds, operated quickly and easily, as the comfort of the patient may require. With each bed is a steel bedside—table and tray. This serves the purpose of the ordinary commode, containing a swinging washstand, towel rack, etc., and in addition a folding tray that can be adjusted to reach over the bed. The private rooms are furnished in definite colour schemes according to the best hospital practice, window hangings, rugs and bed covers harmonizing.

Continued on Page 14



Pathological Laboratory, St. Martha's Hospital, Antigonish, N.S.

Another "Hartz" Installation

ST. MARTHA'S HOSPITAL
ANTIGONISH

For Which We Supplied

Laboratory Equipment

as well as other apparatus for the various departments of
this modern hospital.



The Old Established Hospital Supply House Specializing in

Clinical and Scientific Equipment & Supplies
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Write us for particulars regarding anything you may require.

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Please refer to THE CANADIAN HOSPITAL when writing

ANOTHER FISHER LABORATORY INSTALLATION

*The Pathological Laboratory
of St. Martha's Hospital,
Antigonish, N.S.*

like many of the Laboratories of other Hospitals, is Fisher equipped throughout. Of course only Modern Equipment was preferred and the New Fisher Catalogue facilitated the proper selection.

**Balances—Centrifuges—
Clinical Diagnostic Appa-
ratus—Microscopes—
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all are embodied in the Fisher catalogue. It comprises over 600 pages of pertinent information on Modern Laboratory Apparatus and Methods. Hospitals are entitled to a copy free of charge. Have you one?

**FISHER SCIENTIFIC CO.
LIMITED**

204-206 MCGILL STREET

MONTREAL

Manufacturers of

*Triangle Clinical Thermometers
Triangle Luer Syringes*

Silent Signal System

One of the up-to-date ideas put into execution in the new hospital is the silent call system. Heretofore patients called their nurses by tinkling handbells or by the more strident electric gong, the constant ringing of which could not fail to be a matter of annoyance to those within hearing. Near each bed in the new hospital is an electric button attached to a cord. When this is used by a patient, red signal lights glow in various parts of the floor, indicating to the nurse just where her attention is required. The lights burn until turned off by a switch near the bed of the person calling. Each floor, by the way, will be in charge of a graduate nurse, who will have her office opposite the main stairway. The signal system was installed by the Northern Electric Company, Ltd., through their Halifax office.

The lighting, like the other modern features has been installed with an eye to the greatest possible efficiency. Illumination is by bracket and central lights, and the wall fixtures are equipped with receptacles for the attaching of special apparatus that might be required in the treating or examining of the patients in their beds. In the wards, floor lights have been installed so that patients may not be disturbed by a glare when visited during the night. The operating and specialists' rooms have been fitted with lights of a type designed for the greatest satisfaction in these departments.

An automatic electric elevator runs from basement to top floor. No operator is required for its use, the pressing of a button calling it to any floor. When the car stops the passengers slides open the doors, and enters. Closing the doors permits the driving apparatus to function, and the pressing of any one of a number of buttons bearing floor numbers sends the elevator to the desired story.

Basement Well Utilized

The basement extends under the whole plant. The wing adjacent to the old building has been fitted up as a nurses' recreation room, and it appears to be admirably suited to this purpose. Further east and across the hall is the hot water heating plant, consisting of a battery of three Gurney furnaces. In the next room is the high pressure steam boiler, and



Private Room, St. Martha's Hospital

Please refer to THE CANADIAN HOSPITAL when writing



St. Martha's Hospital, Antigonish, N.S.

They Chose the "Marshall"

EXTRAORDINARY comfort, so necessary for the sick—sanitary construction—and the economy of long wear, were the factors which made the choice of the Marshall Spring Mattress a matter of course in the furnishing of St. Martha's Hospital.

More and more every day hospital authorities are coming to the realization that a really comfortable mattress is of first importance in helping their convalescing patients back to health—in building goodwill for the hospital—and that the Marshall Spring Mattress meets every requirement in a way that none other can.



First in Importance—*THE MATTRESS*

Your local furniture man can give you full details of our special rates to hospitals—or write us if you wish.

Marshall
TRADE MARK
Spring Mattress
GUARANTEED FOR FIVE YEARS

TORONTO - CANADA

Please refer to *THE CANADIAN HOSPITAL* when writing



To Buyers of Hospital Kitchen Equipment

HOSPITAL Kitchen Equipment has to withstand severe tests. We appreciate the value of its service and the necessity of providing against any possibility of failure. We therefore build into McClary's equipment the same measure of quality that has made our name an index word for durability. This durability and quality of our products has received the endorsement of buyers from Coast to Coast, proof of which is evident in the numerous installations we are continually engaged in. Our service to buyers commences immediately we are called into consultation—we submit ideas, layouts and specifications as required and render complete assistance and co-operation until the installation is complete and operating satisfactorily.

The value of this complete service can only be appreciated at its full worth when it is tested. Our Kitchen Equipment experts are available at any time and await your written request.

McClary's

London, Toronto, Montreal, Winnipeg, Vancouver,
Saint John, Hamilton, Calgary,
Saskatoon, Edmonton;
Liverpool, England.

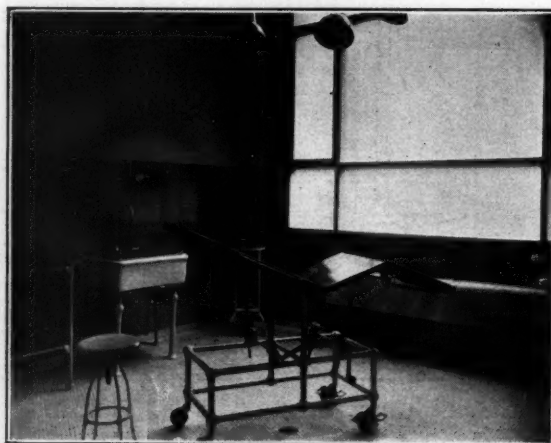
adjoining that are the two large tanks, that supply the institution with hot water. They are well insulated and the steam that is run through them for an hour each morning keeps their contents hot for 24 hours. Comfortable rooms for the engine room staff and other male help are located nearby. In the east wing is the laundry, consisting of four electric-driven units with central panel control, and furnished with hot water and steam connections. Next door is the ironing room, fitted with a number of steam-heated "Prim" presses, and several hand ironing boards. Between this room and the laundry is the drying room, where heated coils hasten the evaporation of moisture in the freshly washed articles. The remainder of the basement will be used as a storehouse.

Imposing Entrance

The main entrance to the hospital is on the ground floor. The wide entrance hall is flanked on one side by a reception or waiting room, and on the other by the general receiving office. Here is the private telephone exchange giving communication between all the departments and connecting up with the Antigonish town service. In the rear of the office is a corridor leading to a commodious vault. Across the main corridor is the record room lined from floor to ceiling with verticle filing cabinets, which in due course will contain the patients' history sheets. Separated from this department only by folding doors is the doctors' waiting or consultation room. On the same floor, too, is the superior's office.

In the north-west wing there are three rooms for the treatment of special cases, and here too is located the interne's room. On this floor also are found the dentists' room, equipped with a chair supplied by the dentists of Antigonish, the social service room, various private rooms, a small ward, lavatories, utility rooms, etc. One of the best equipped departments here is the physiotherapy section, where electric heat and rays are used in the treatment of diseases. It contains a diathermy machine, a phototherapy outfit, and a violet ray apparatus. Adjoining it is the

Continued on Page 21



Minor Operating Room, St. Martha's Hospital

Please refer to THE CANADIAN HOSPITAL when writing

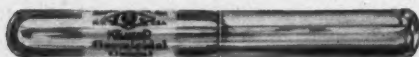


University of Michigan Hospital
ANN ARBOR

A FAMOUS HOSPITAL WHERE D&G SUTURES ARE USED

Kalmerid Catgut

GERMICIDAL. Exerts a bactericidal action in the suture tract. Supersedes the older unstable iodized sutures. Impregnated with the double iodine compound, potassium-mercuric-iodide.† Heat sterilized.



The boilable grade is unusually flexible for boilable catgut; the non-boilable grade is extremely flexible.

TWO VARIETIES

BOILABLE*		NON-BOILABLE
NO.		NO.
1205.....	PLAIN CATGUT.....	1405
1225.....	10-DAY CHROMIC.....	1425
1245.....	20-DAY CHROMIC.....	1445
1285.....	40-DAY CHROMIC.....	1485

Sizes: 000..00..0..1..2..3..4

Approximately 60 inches in each tube

Package of 12 tubes of a size.....\$3.00
Less 20% on gross or more or \$28.80, net, a gross

Claustro-Thermal Catgut

ASEPTIC—not germicidal. Sterilized by heat after the tubes are sealed. Boilable.* Unusually flexible for boilable catgut.

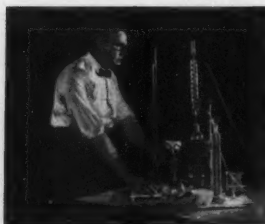


NO.	
105.....	PLAIN CATGUT
125.....	10-DAY CHROMIC CATGUT
145.....	20-DAY CHROMIC CATGUT
185.....	40-DAY CHROMIC CATGUT

Sizes: 000..00..0..1..2..3..4

Approximately 60 inches in each tube

Package of 12 tubes of a size.....\$3.00
Less 20% on gross or more or \$28.80, net, a gross



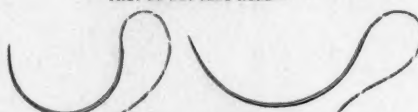
D&G Sutures are always found neutral under the most delicate titration tests. This is one of the reasons they uniformly behave well in the tissues.

Atraumatic Needles

FOR GASTRO-INTESTINAL suturing and for all membranes where minimized suture trauma is desirable. Integrally affixed to 20-day Kalmerid catgut. Boilable.*

Experimental evidence has proven 20-day chromic catgut the most suitable for gastro-intestinal suturing. It has been found that gastric wounds are fully healed within 12 days, and intestinal wounds at 16 days. At these periods the 20-day catgut (regardless of size) still retains, respectively, 60 per cent and 30 per cent of its initial strength.

THEY DO NOT BEND HERE—



ILLUSTRATIONS ARE FIVE-EIGHTHS SIZE



STRAIGHT NEEDLES ARE IN ROUND TUBES



CURVED NEEDLES ARE IN FLAT TUBES

NO.		INCHES IN TUBE	DOZEN
1341..	STRAIGHT NEEDLE.....	28.....	\$3.00
1342..	TWO STRAIGHT NEEDLES.....	36.....	3.60
1343..	3/8-CIRCLE NEEDLE.....	28.....	3.60
1345..	1/2-CIRCLE NEEDLE.....	28.....	3.60

Less 20% discount on one gross or more

Sizes: 0 and 1

Packages of 12 tubes of one kind and size

Kangaroo Tendons

GERMICIDAL, being impregnated with potassium-mercuric-iodide.† Chromicized to resist absorption in fascia or in tendon for approximately thirty days. The non-boilable grade is extremely flexible.



NO.	
370.....	NON-BOILABLE GRADE
380.....	*BOILABLE GRADE

Sizes: 0..2..4..6..8..16..24

Each tube contains one tendon

Lengths vary from 12 to 20 inches

Package of 12 tubes of a size.....\$3.00
Less 20% on gross or more or \$28.80, net, a gross

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D&G Sutures are obtainable from responsible dealers everywhere; or direct, postpaid

Non-Absorbable Sutures



NO.	INCHES IN TUBE	SIZES
350..CELLULOID-LINEN.....	60.....	000, 00, 0
360..HORSEHAIR.....	168.....	00
390..WHITE SILKWORM GUT..	84.....	00, 0, 1
400..BLACK SILKWORM GUT..	84.....	00, 0, 1
450..WHITE TWISTED SILK....	60.....	000 TO 3
460..BLACK TWISTED SILK....	60.....	000, 0, 2
480..WHITE BRAIDED SILK....	60.....	00, 0, 2, 4
490..BLACK BRAIDED SILK....	60.....	00, 1, 4

BOILABLE

Package of 12 tubes of a size. . . . \$3.00
Less 20% on gross or more or \$28.80, net, a gross

Short Sutures for Minor Surgery



NO.	INCHES IN TUBE	SIZES
802..PLAIN KALMERID CATGUT..	20..00, 0, 1, 2, 3	
812..10-DAY KALMERID "	20..00, 0, 1, 2, 3	
822..20-DAY KALMERID "	20..00, 0, 1, 2, 3	
862..HORSEHAIR.....	56.....	00
872..WHITE SILKWORM GUT...	28.....	0
882..WHITE TWISTED SILK....	20.....	000, 0, 2
892..UMBILICAL TAPE.....	24...1/8-IN. WIDE	

BOILABLE

Package of 12 tubes of a size. . . . \$1.50
Less 20% on gross or more or \$14.40, net, a gross

Emergency Sutures with Needles

UNIVERSAL NEEDLE FOR SKIN, MUSCLE, OR TENDON



NO.	INCHES IN TUBE	SIZES
904..PLAIN KALMERID CATGUT..	20..00, 0, 1, 2, 3	
914..10-DAY KALMERID "	20..00, 0, 1, 2, 3	
924..20-DAY KALMERID "	20..00, 0, 1, 2, 3	
964..HORSEHAIR.....	56.....	00
974..WHITE SILKWORM GUT...	28.....	0
984..WHITE TWISTED SILK....	20.....	000, 0, 2

BOILABLE

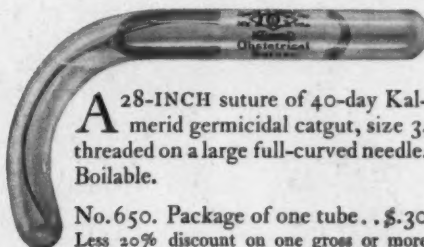
Package of 12 tubes of a size. . . . \$2.40
Less 20% on gross or more or \$23.04, net, a gross

The ash of D&G Sutures is assayed to make sure that no traces remain of uncombined chromium nor of other residues of the chromicizing process.



Obstetrical Sutures

FOR IMMEDIATE REPAIR OF PERINEAL LACERATIONS



A 28-INCH suture of 40-day Kalmerid germicidal catgut, size 3, threaded on a large full-curved needle. Boilable.

No. 650. Package of one tube. . \$3.30
Less 20% discount on one gross or more

Circumcision Sutures



A 28-INCH suture of Kalmerid germicidal catgut, plain, size 00, threaded on a small full-curved needle. Boilable.

No. 600. Package of 12 tubes. . . . \$3.00
Less 20% on gross or more or \$28.80, net, a gross

Universal Suture Sizes

All sutures are gauged by the standard catgut sizes as here shown

000	4
00	6
0	8
1	16
2	24
3	

*These tubes not only may be boiled but even may be autoclaved up to 30 pounds pressure, any number of times, without impairment of the sutures.

†Potassium-mercuric-iodide is the ideal bactericide for the preparation of germicidal sutures. It has a phenol coefficient of at least 1100; it is not precipitated by serum or other proteins; it is chemically stable—unlike iodine it does not break down under light and heat; it interferes in no way with the absorption of the sutures, and in the proportions used is free from irritating action on tissues.

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Henri de Mondeville 1260-1320

THIS shrewd and independent thinker urged his students to avoid suture trauma and interruptions in operative procedure by using grooved needles, threaded, and arranged in order prior to operating. For gastro-intestinal and membrane suturing D&G Atraumatic Needles with sutures affixed offer the modern solution to these ancient problems.

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New St. Martha's Hospital

(Continued from Page 16)

hydrotherapy department with several units operated from a central control table, and just outside are electric and steam cabinets for patients' use. These three departments are in charge of a specialist who qualified for her duties at the Victor X-ray laboratory, Chicago. Adjoining, is a dressing room for out-patients.

On this floor is the kitchen, a commodious, well lighted and ventilated, and splendidly equipped room. The floor is of tile. In addition to the large coal range, formerly used in the old hospital, it contains an electric dessert oven, an electric dish washer, sterilizer and drier, a steam cooker for soup and cereals, steam ovens for the preparing of vegetables, steam-heated tea and coffee urns, an electric bread mixer and vegetable masher, and an electric ice cream freezer. A large steam table, with containers, keeps meals hot until required, and it is from these that the food is actually distributed.

Meal Time Facilities

Six-wheeled trucks with four shelves each are called into service as meal hour approaches. They are supplied with covered trays numbered to correspond to the rooms and wards, and as quickly as they are loaded they are wheeled to the elevator and so to their final destination. It is estimated that every patient in the hospital can be fed in the space of twenty minutes. In the neighbourhood of the kitchen on one side are dining rooms for the use of the Sisters, the doctors, the day nurses, the night nurses and the

help. On the other side are three cold storage rooms, with overhead receptacles for the storing of ice, and the dining room for the male help. Private phones connect the kitchen and the various diet kitchens upstairs, and a dumb waiter runs to the various floors above as well as to the basement.

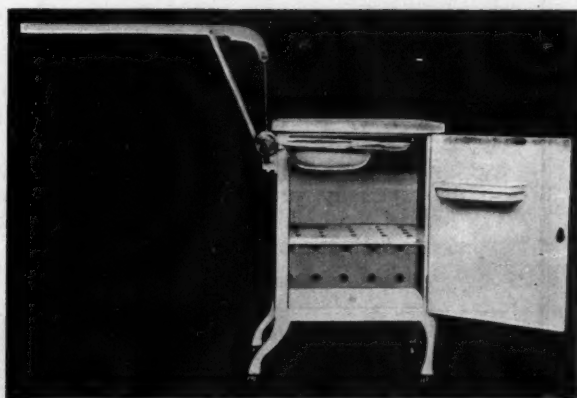
The second floor has a number of private rooms, a private suite, a twelve-bed ward, a quiet room, a patients' clothes room, central linen room, nurses' chart room, pharmacy, toilets, utility rooms, baths, and semi-private rooms. Here too is a section reserved for priest patients. It contains now the chaplain's quarters and a private chapel. On this floor, too, is an isolated department for the treatment of infectious diseases, containing three rooms, bath, nurses' room and bath, and kitchen.

On the third floor is found the usual equipment of wards, private and semi-private rooms, utility rooms, etc. The central section, facing the south, is fitted up as a children's ward, with special beds, lockers for their clothing, toilets and bath.

Maternity Department.

The fourth floor, east section, has been particularly prepared for use as a maternity department. The nursery is well located, and has two large windows opening on the corridor so that occupants may be seen without entering the room. The danger of the infants picking up infection of any kind from casual visitors is thereby obviated. Adjoining the nursery is a specially designed bath for the little ones, and a balcony where their cots may be left in fine weather. The department contains also special sterilizing

New Combination Bedside Table

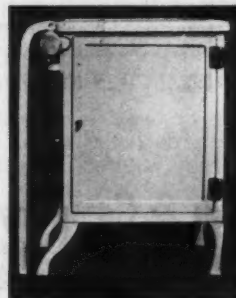


SHOWING OPEN OPERATION OF SIDE TABLE

St. Martha's Hospital

Antigonish, N.S.

as well as many other hospitals throughout the country, equipped with this convenient type of Bedside Table.



SHOWN CLOSED

Write for Folder and Prices.

The Metal Craft Co., Limited

GRIMSBY - ONTARIO

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WHOLESALE DEALERS

IN
**POULTRY
EGGS
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Now Supplying

Royal Victoria Hospital
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And Many Others

*"As the order
reads" ---*

—if you want something a little "out of the ordinary" or if you say "it must be so and so" you may rest assured that your request will be faithfully carried out.

Here, with us, efficient service costs no more—in fact, LESS—as our Weekly Wholesale Price List will prove. Write for a copy. We can serve you—and

"DISTANCE IS NO OBJECT"

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Poulterers Since 1865

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equipment, private rooms, linen closets, diet kitchens, etc.

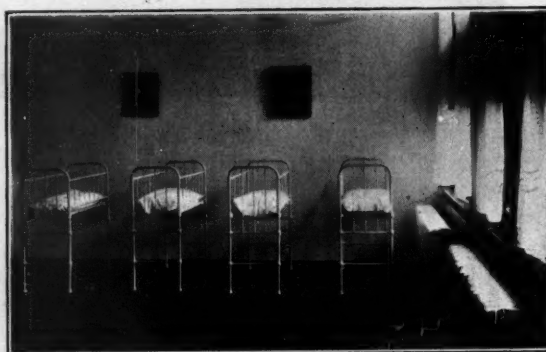
The west section of the fourth floor contains the X-ray department, which is somewhat isolated from the other sections of the floor. It has a radiographic room for doing general radiography, transformer and operators' booth with two dressing rooms, fluoroscopic room containing a horizontal and vertical fluoroscope. And on the opposite side of the corridor and directly across from the radiographic room is a film viewing room, dark room and recreation room. There are also three private rooms and semi-private in this wing, and a splint and cast room where all fracture cases will be cared for, after their removal from the X-ray department. The pathological laboratory is to the right of the main corridor, and is divided in three rooms, to be equipped to do all serological, pathological, bacteriological, chemical and metabolic work.

Operating Suite.

The operating suite is located on the top floor. Both the major and the minor operation rooms have special lighting arrangements, both natural and artificial. The walls, are tiled with gray sanionyx, and the doctors' room near at hand is equipped with lockers, knee-control lavatory, etc. The X-ray laboratory, and operating department are in charge of technicians trained in some of the finest schools on the continent. On the top floor, too, are the eye room and the ear and throat room. Numerous small balconies adorn the exterior of the building, and add to the utility of the interior. While the rooms are all bright and well ventilated, additional facilities for the enjoyment of the sunshine are afforded by the glass-walled porches that rise from ground to roof on the west side of the structure. Adjoining these are the steel fire escapes, which in addition to the stair railings, and wire window guards, were supplied and installed by the Steel Furnishing Co., New Glasgow.

The interior walls of the building are plastered with rockwall and finish plaster, from the Iona Gypsum Company, Cape Breton. The dado, four feet high, is carried around all rooms in the building by an especially prepared plaster from cement. The roof of the building is five-ply tar and gravel, supported on a reinforced concrete slab.

(Continued on Page 31)



Nursery, St. Martha's Hospital, Antigonish

Please refer to THE CANADIAN HOSPITAL when writing



Ward in St. Martha's Hospital, Antigonish, N.S., in which Dominion Battleship Linoleum was used extensively.
 Architects—Chappell & Hurter, Charlottetown, P.E.I. Contractors—Parsons-Ed Co., Limited, Moncton, N.B.

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DIETETICS

The Nutrition Clinic

By THELMA SIPPRESS

Department of Household Science,
University of Toronto.

That the dietitian of a hospital is a very important member of its staff is granted by most thinking people to-day. They realize that she is responsible, to a certain extent, for the well-being of every person within the hospital. She has it in her power to place the morale of the staff on a higher level by serving well-cooked, nutritious, attractive meals, as well as aid the physician in treating the sick by her knowledge of Dietotherapy. Although she has such an influence within the hospital to maintain, there is another opportunity for service awaiting development by her department which is more far-reaching indeed. I speak of the Nutrition Clinic. Physicians the world over are beginning to realize that a great many ills of our present age are due to wrong food habits and that some steps must be taken to correct this fault among the public at large. The Nutrition Clinic of the Out-patient Department satisfies this very great need for education in the community and makes the hospital a centre for preventive work. It is, moreover, a necessity, if the Out-Patient clinics are to accomplish the best possible result for the patients who come for treatment. They go through the general medical clinic, then perhaps are referred to the dental clinic, tonsil ward, skin clinic, etc., to clear up all possible foci of infection before the physician proceeds to treat the primary cause.

Just here the Nutrition Clinic comes in. How much better it would be to have the patient go through the food clinic and the dietitian, together with the doctor, correct his food habits, thus leaving a clear track for any further treatment necessary. In the case of metabolic disturbances it is essential that the patient understand the value of foods and the physician has not time and very often is not qualified to explain such to the patient. Thus he works under a handicap which is removed by the Nutrition Clinic. There are many people who come to the clinic directly for treatment and in this way it touches the homes of the community. Let us follow one of these people through the routine of the clinic in order to better understand it. The patient is first given a thorough physical examination by a physician in attendance, or if he comes referred by an outside doctor the report of such an examination should be in the dietitian's hands. The physical report together with all laboratory reports and the diagnosis are handed to the dietitian. If the physician also gives her a prescription she fills it, but if not, she perhaps in consultation with him institutes a course of treatment, according to the patient's nutritional history and the records

before her. The diet is explained to the patient in very simple terms and he is given a copy to follow day by day and asked to report in a certain length of time. In order to have a smoothly working clinic, certain days are set apart for certain diseases and all diabetics report on one day, nephritics on another, etc.

The patients are not only given their diet but they are taught food values and amounts. The dietitian prepares special meals and demonstration trays, showing combinations and amounts of food that diabetics may eat, or obese people, or perhaps it is for nephritics on another day. Thus the patient can choose food intelligently when he is at home. Posters attractively arranged illustrate health-giving foods and help to impress the fundamentals of good food habits on the patient. The work that a well-organized Nutrition Clinic can do to alleviate suffering, co-operating with the doctors in treating and educating patients with nutritional disturbances, is stupendous. Also, a fascinating field of work, which is carried on in conjunction with the Nutrition Clinic in larger centres, is among children suffering from malnutrition. They take great delight in their Saturday morning classes where they learn what foods to eat to make them strong and healthy and play that interesting game of "Who can gain the most this week?"

Has Far-Reaching Influence

In this hurried summary of the work of the clinic one can see how far-reaching is its influence. Not only does it minister to the Out-Patients but it becomes a valuable means of follow-up work among those patients of the hospital who have been on special diets after they have been discharged. They report at the clinic as often as it is necessary and are checked up, so that they will not undo all the benefit they received while a hospital patient. The clinic also challenges the keen physician to try the many research problems that are confronting him in nutritional work, and have them carried out under well controlled conditions. Needless to say, the clinic as I have outlined it could not be conducted by the chief dietitian of the hospital because it would take the entire time, of one or more dietitians. In order to have an efficient, well organized clinic the dietitian in charge must be thoroughly trained and competent, keenly alive to, and interested in, all the recent advancements in the science of Dietotherapy, enjoying the confidence and trust of the physician with whom she works. If on the other hand the clinic is on a smaller scale, only one or two days a week, it is quite possible for the chief to conduct it and at least a beginning made that way. We see what is being done through the Nutrition Clinic in certain centres and what a great need there is for it, even if it is small at first, in order to make the hospital more efficient in its treatment of the sick and aid in spreading the gospel of health to the community.

Many New Hospitals in U.S.

More than 500 new hospitals were established in the United States in the last five years.

BOOK REVIEWS

THE NORMAL CHILD: ITS CARE AND FEEDING, by Alan Brown, M.B., Physician-in-Chief, Hospital for Sick Children, Toronto; Associate Professor in charge of Pediatrics, University of Toronto, etc., etc. Published by McClelland and Stewart, Limited, Toronto. Price, \$1.25.

Written in a plain and interesting style, comprehensible to those to whom technicalities are confusing, as well as to members of the nursing profession, **THE NORMAL CHILD** gives at length just what every mother should know, from the birth of the child, its care and feeding during infancy, and a wealth of useful suggestions for its welfare. The scope of the book is far flung. Not only does it describe how to feed the child, but also how to teach it to take proper nourishment. Preparation of various artificial foods is outlined in full. Discipline and education, exercise and attention, common diseases of childhood and diets during illness, all are treated in a sound, practical manner. Particular attention is paid to the best environment for children, and a special chapter is devoted to the clothing of babies and older children.

In a short preface the author outlines his hopes that the book will prove of value to the mother, nurse and student of the normal child. There is no doubt but what it will prove of inestimable value.

Seek City's Assistance

Montreal.—For some time past the Montreal Daily Star has published daily a page of signatures in order to impress upon the Mayor and Aldermen of that city the great need of the city's hospitals for financial support, and advocating public taxation for this purpose. The following introduction appears with each list:

TO THE MAYOR AND ALDERMEN OF THE CITY OF MONTREAL. GENTLEMEN: We beg to remind you of the very serious financial condition of our hospitals. It has been fully demonstrated that these institutions, providing, as they do, free service for the sick poor of the city, cannot be made self-supporting, and we respectfully submit that their upkeep is a fair charge against civic revenues. There is no reason for emphasizing this plea, because its reasonableness is beyond dispute, and we feel sure it will appeal to you as a matter worthy of serious consideration and without unnecessary delay.

Heads Latest Department

St. John, N.B.—Dr. the Hon. W. F. Roberts has been appointed chief of the new department of physiotherapy at the General Public Hospital. His duties will commence July 1. For fifteen years the doctor has been a member of the Hospital Board, and regrets were expressed that he had to tender his resignation from that body in order to take his new position.

News of Hospitals and Staffs

A Condensed Monthly Summary of Hospital Activities, Building and Extension Plans and Personal News of Hospital Workers.

Resigned from Nursing Staff

Sydney, N.S.—Miss Elizabeth Murphy, for some time on the staff of the Ross Hospital, has resigned.

Leaves Post for Vancouver

Pictou, N.S.—For many years matron of the Pictou Cottage, Miss Susie Curry has left that post for Vancouver.

Dr. Stuart Houston Leaves

Kingston, Ont.—Dr. Stuart Houston has left the General Hospital. For two years he was head interne.

Granted Leave of Absence

Listowel, Ont.—Miss Alma Fleming, Night Superintendent at the Memorial Hospital, has been granted three months' leave of absence.

Appointed Gynaecologist

Kingstown, Ont.—Dr. J. C. Flood has been appointed visiting gynaecologist to St. Michael's Hospital.

Twenty-Five Years at Notre Dame

Montreal.—Georges Lavigueur, chief engineer of the Notre Dame Hospital, celebrated the twenty-fifth anniversary of his employment by the hospital on June 14th, when employees of the hospital, the nuns and friends, tendered him a banquet. A set of silver and a "Rope of Abundance"—a stout cord to which they were tied ribbons each fastened to a silver coin—were presented to the feted employee.

Cape Breton Medical Society Officers

Sydney Mines, N.S.—Dr. David Archibald, of this place, has been elected president of the Cape Breton Medical Society. Dr. G. Tompkins, Dominion, is first vice-president, and Dr. Charles Morrison, Waterford, second vice-president. Dr. R. Ross was appointed secretary-treasurer. Representatives on the Cape Breton executive are Dr. Dan MacNeil, Glace Bay, Dr. Dan McDonald, North Sydney, and Dr. E. J. Johnstone, Sydney, and on the Cape Breton executive are Dr. L. K. McLeod and Dr. J. G. B. Lynch.

Superintendent Resigned

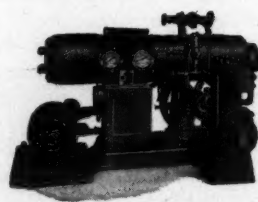
Pembroke, Ont.—Miss C. Catton, who has been superintendent of the Cottage Hospital for the past nine years, has resigned from that position. Her successor has not been appointed.

Accepted New Position

Wingham, Ont.—For several years night supervisor, and later, assistant day supervisor of the Amasa Wood Hospital, Miss Pearl Dean, of London, Ont., has accepted the position of assistant superintendent at Wingham Hospital.

To Take Post-Graduate Course

Fredericton, N.B.—The resignation of Miss Margaret L. Fradsham, of Devon, from the post of Dietitian at the Victoria Public Hospital has been accepted. Miss Fradsham will take up a post-graduate course in tuberculosis.



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Takes Position for Summer

Saskatoon.—Miss G. M. Bedford, of this year's graduating class, City Hospital, is relieving on the staff of the Rosetown Hospital for the summer months.

Miss Brown is Night Supervisor

Saskatoon, Sask.—Miss Bessie C. Brown, of this city, has accepted a position for the summer as night supervisor of the Municipal Hospital at Drumheller, Alta.

New Church Hospital is Opened

Eriksdale, Man.—A new hospital has been opened here by the United Church. It is fully equipped, and was donated by the ladies of Westminster Church, Winnipeg.

Isolation Hospital Nearing Completion

St. Catharines, Ont.—The new Isolation Hospital next to the Leonard Nurses' Home on Queenston Street is being decorated and furnished, and should be ready for occupancy within a few weeks.

Ends Nine Years of Service

Fredericton, N.B.—Having filled the responsible post of superintendent of the Children's Hospital for the past nine years, Miss Anne Bamford has tendered her resignation, to take effect on August 1st.

Changes in Staff of Victoria, Halifax

Halifax, N.S.—Dr. G. R. Burns has resigned from the resident house staff of the Victoria General Hospital, and has been succeeded by Dr. H. E. Kelly, of Yarmouth, of this year's graduating class of Dalhousie University.

On Staff of Brantford General

Lindsay, Ont.—Congratulations are being extended to Mr. Cyril B. Graham, of Oakwood, who has successfully completed his medical course at Toronto University. Dr. Graham has accepted a position on the staff of the Brantford General Hospital.

Soldier Patients Open Sales Room

Toronto.—A sales room has been opened at the Christie Street Hospital by the occupational therapy committee. Articles made by soldier patients may be had from 25 cents to 25 dollars. The profit goes to the soldier patients.

Windsor Hospital Plans Approved

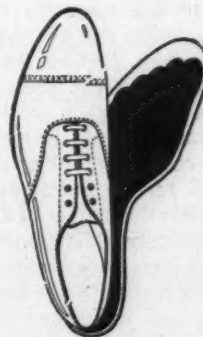
Windsor.—Plans for the General Hospital to be built at Walkerville at a cost of \$500,000 were approved on June 17th, by the Essex Border Utilities Commission. The hospital is to have 105 beds, and later may be enlarged to 500. The building, which is to be a three-storey structure, is to be commenced this summer, according to present plans of the Commission.

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TORONTO

AVOIDING WASTE IN THE MECHANICAL PLANT

There is no department under the control of the Superintendent in which there is a greater opportunity for saving money than the mechanical plant.

By CHARLES F. NEERGAARD, HOSPITAL CONSULTANT, NEW YORK.

The original investment for a 100-bed hospital mechanical plant is about \$200,000 or approximately 25 per cent. of the total cost of the building. This includes power and heating plant, refrigeration, the necessary ventilation, laundry and kitchen equipment, vertical transportation, sterilizers, etc. In a specific hospital of this size, the plant of which was analyzed, there were 569 machines or fixtures, including radiators and plumbing units. To control these were 1,628 valves and faucets. In very few hospitals will you find forethought given to the simple but important matter of standardizing valves. The plumber uses one make, the heating man another, the sterilizing man his own special design, and the kitchen and laundry equipment men follow their individual likings. All of this means that the operating engineer must keep in stock four or five times as many parts for replacement as otherwise, involving unnecessary investment of capital and unnecessary delay and complications in repairs.

Unnecessarily Large Installations

The over-emphasis of the factor of safety is the cause of much overloading in the cost. Take the 100-bed plant studied. The architects specified three 175 h.p. boilers. The buildings were but 10 per cent. larger in cubical content than another institution which had run successfully for ten years with two 125 h.p. boilers. We cut out one boiler and reduced the other two to 150 h.p. and the plant works!

What part does operating the plant play in the budget? The statistical sheet of the United Hospital Fund, giving the work, income and expenses of 56 hospitals in New York City, shows for 12,000 beds an average operating expense per bed of something over \$1,500 a year. These hospitals average 208 beds each. The cost of operating a smaller hospital giving less broad service is naturally considerably lower. Based on this the budget of a 100-bed hospital would be approximately \$150,000. From six institutions using detailed cost accounting systems it was found that the operating and maintenance of the mechanical plant and buildings was about 15 per cent. of the total operating budget. This means that the 100-bed hospital with a yearly budget of \$150,000 spends some \$22,500 to keep its plant going. But this is only part of the story. The big item of depreciation is not considered. Every piece of machinery has built into it a certain period of service. The annual depreciation can fairly be figured at 10 per cent. so that to our operating expenses must be added another \$20,000, making a total of \$42,500. "Depreciation" may not appear in the annual statement, but it will be found sooner or later in the guise of replacements or extraordinary repairs. Even a 10 per cent. saving in this, which is only a fraction of the economies

frequently effected by the proper methods, is a large item.

Employ an Engineer

The superintendent has many mechanical problems. Often he is handicapped with an unnecessarily complicated and poorly designed plant which plays too large a part in his budget. Again, his board of trustees is apt to look on his engineering force from the standpoint of the payroll rather than the importance of the job. A cheap engineer is the most expensive person in the organization. The superintendent of the small hospital, usually a woman, is blessed seldom with mechanical knowledge and must place more dependence on her engineer than on any other member of her force. But many times she has a janitor or handyman instead, and repairs are made by the local plumber, steamfitter and electrician. The exigencies of hospital service should not wait the convenience of the local contractor. The cost of union labor is more than the hospital need pay. One small hospital upstate, by increasing the engineering payroll by \$1,000 effected a reduction in the repair bill of over \$4,000. I ran across another interesting example not long ago. The president of the board of a 70-bed institution was showing me his new laundry equipment, installed at a cost of several thousand dollars. I noticed that the laundress was running the flat work through the 100" mangle two and three times instead of once. In tracing the reason I found that the special boiler, put in solely to operate the laundry, was being run habitually at 50 lbs. steam pressure, whereas the mangle required 80 lbs. to do its work properly. The president of the board had previously explained that whereas they were operating a high pressure boiler and really should have a licensed engineer, they were saving money by keeping on a man who had been with them for years and was a very competent fireman. There were many other similar inverse savings noticeable in this institution. A new chief in another hospital reduced the coal bill 56 per cent. by making long-neglected repairs. Barrels of dirt and scale were removed from the tubes and shells of the boilers and many small leaks were stopped. The old engineer had loafed along with no check on his incompetence and none the wiser for his wastefulness. Turning to smaller matters, we always see leaky faucets in a hospital, but do not pay much attention to them. Hospitals do not pay water taxes. But they do pay for heating their water. It may be the hot water which is dripping, and a drop a second represents a waste of five quarts in 24 hours. Steam leaks are even more expensive. Fortunate is the superintendent who can instil into his organization that thriftiness is next to cleanliness. A leak in the cash drawer would start instant action but leaky faucets and

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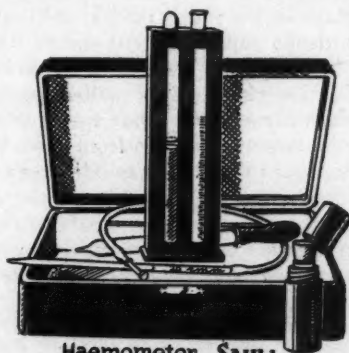
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coats
aprons
gowns
caps

Avoiding Waste in the Mechanical Plant

(Continued from Page 28)

valves seem to run on forever. Faulty technique in the operating room is promptly criticized, but a dry bearing, a rusty part or squeaky hinges are rarely reported. Yet rust may cover a latent defect and an unoiled bearing does more damage than a year of wear. A serious waste which passes unnoticed in many institutions is that of the water which is used as a cooling agent for the refrigerating plant. It comes out from the condenser heated by the expansion of gases to approximately 100 degrees. It is clean, useful hot water but it is frequently piped directly to the sewer. A hundred-bed hospital usually requires a ten-ton refrigerating plant using ten gallons of water a minute, 14,000 gallons a day and over five million gallons a year. Hot water costs money and this condenser water should be salvaged and pumped into the hot water supply tank.

Use Manufacturer's Directions

There is much technical equipment, X-ray, sterilizers, laundry machinery, etc., which is better maintained by the service department of the manufacturer, although in emergencies the hospital engineer must be called on for help. There should be on file in every institution, readily available, a copy of the manufacturer's directions as to lubrication, adjustment, pressures, loads, etc., for each piece of machinery. The high hospital labor turnover makes this imperative. There is only one right way to operate a machine and how can a hospital expect to get the best results if the engineer does not know what he is supposed to do?

The mechanical investment is so large and its operation plays such a major part in the budget that the over-burdened superintendent should have some method to insure proper control of its maintenance and upkeep. The chief of staff makes regular grand rounds through his wards. The captain of an ocean liner regularly inspects his ship from stem to stern, from keel to upper deck. A periodic inspection by the superintendent alone, or, if he or she does not possess mechanical experience, accompanied by a practical member of the board of trustees, would tend to cultivate the mechanical morale of the hospital.

Require Regular Inspection and Reports

The writer has devised a method of mechanical control which is being used successfully by a number of institutions. The elements of the plan are these: First, to assemble the manufacturer's directions for every article of equipment; second, to provide a form sheet listing each piece of apparatus in the hospital which should have regular inspection and maintenance; third, to have the engineer inspect at least once a week every machine in the hospital and turn in to the superintendent the report form, properly checked, noting minor repairs which have been made and major ones which are needed. This plan can be elaborated to any extent which is deemed desirable. A "case history" card for each machine is valuable, although it involves some clerical work. This card should show when and from whom the machine was bought, the cost, and major repairs made. Such a record is a guide in figuring depreciation and in determining

when a piece of equipment has outlived its usefulness because of the expense required to keep it going. Statistics and report forms are anathema to the superintendent, I know, but establishing a regular routine and requiring signed reports from the engineer will tend to keep him up to the mark and will be evidence available at all times of mechanical needs. One or two institutions using this plan incorporate in the weekly report the amount on hand of coal, oil, waste, etc., and what should be ordered.

When this scheme was first suggested a number of superintendents said that the engineer would not have the time to make regular weekly rounds. It has been found, however, that by dividing the work up and covering portions of the plant each day, the inspection proved no burden and prevented major repairs through prompt minor adjustments.

There is probably no executive position which involves so many varied responsibilities as that of the hospital superintendent. There is no department under this control in which there is a greater opportunity for saving money than the mechanical plant. The hospital is a part of the public health organization in every community and might well apply to the problem of its mechanical plant the preventive health examination idea which it is preaching to the public.

New St. Martha's Hospital

(Continued from Page 22)

Board of Trustees

The Board of Trustees of St. Martha's Hospital: President: Rev. Lewis MacLellan; Vice-President: A. L. MacIntosh; Treasurer: Rev. Sister M. John Baptist; Secretary: D. A. MacDonald; Rev. Mother M. Ignatius, Mother General of the Order of St. Martha; Rev. Sister M. Immaculata, Superintendent; Rev. Sister M. Anthony; J. P. Gorman, Representative of the Nova Scotia government; J. A. MacLeod, Representative of the Municipality of Antigonish; James H. Stewart.

The old building will not at all be abandoned. A portion of it will be fitted up for the accommodation of the nursing staff. Another section will be devoted to the bakery, and a large share of it will be converted into a chapel, big enough to accommodate all who wish to attend mass. This feature will necessitate considerable remodelling, as portions of two floors will have to be cut away to provide the space required.

OBITUARY

(Mr. Ambrose Kent, Toronto.)

A director of the National Sanitarium Association of Canada, trustee of the Toronto Free Hospital for Consumptives, and president of the Toronto Hospital for Incurables, Mr. Ambrose Kent passed away at his late residence, 49 Glenview Avenue, Toronto, last month. He was in his 82nd year, and had been a resident of Toronto for 75 years.

Please refer to THE CANADIAN HOSPITAL when writing



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NEW HOSPITAL REGULATIONS

Terms on Which Municipalities are Required to Provide for Residents

At the recent session of the Legislature, the law was amended, and as the subject is of wide interest, we reproduce below the terms of the amending Act which are now in force, and which should be widely understood.

Section 23 of the Hospitals and Charitable Institutions Act as amended by section 46 of The Statute Law Amendment Act, 1916, and by section 8 of The Public Institutions Amendment Act, 1919, is repealed and the following substituted therefor.

Liability for Treatment and Burial Expenses

23. (1) When an indigent person is admitted to any hospital receiving aid under this Act, the corporation of the county, city or separated town in which he is resident at the time of his admission, shall be liable to pay to the trustees or governing body of the hospital, the charges for his treatment, not exceeding \$1.50 per day and subject to sub-section 2 in the case of his death, his burial expenses, not exceeding \$15.

Contribution to Last Post Fund

(2) When any indigent person referred to in sub-section 1 hereof was a member of His Majesty's Military or Naval Forces on active service during the Great War of 1914-1918 and the burial of such person is supervised and paid for by the Last Post Fund, the corporation of the municipality which

would otherwise have been responsible under this Act for the cost of such burial shall, upon proof of burial and on demand being made by a properly accredited officer of the Last Post Fund, pay to that fund the amount of \$15 towards the cost of such burial.

Residence

(3) "Residence" for the purpose of this section shall mean actual residence within the county, city or separated town for the period of three months within the five months next prior to the admission to the hospital.

When Residence Not to Be Deemed Changed

(4) Residence shall not be deemed to have been changed or to have ceased by reason of the person having gone from one municipality to another for the purpose of seeking medical advice or treatment or seeking admission to any hospital and this period shall not count in the computation of time under sub-section 3.

Agreement with Hospital to Pay Fixed Annual Sum

(5) The corporation of a county, city or separated town may agree with the trustees or governing body of the hospital to pay a fixed annual sum in lieu of its liability under this section.

Notice by Superintendent to Clerk

(6) Where there is no such agreement and the superintendent or other proper officer of the hospital upon the admission of any indigent person shall by registered letter notify the clerk of the county, city

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Many of our finest hospitals and institutions have found **Soclean**, the great sanitary sweeping compound, efficient and economical.

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or separated town of which the patient represents himself as being so resident, giving such particulars as may be available to enable the clerk to identify the patient.

Case of Residence Admitted

(7) Unless the clerk within thirty days after the mailing of such notice notifies the superintendent or other officer of the hospital by registered letter that the patient is not a resident of the municipality, he shall for the purposes of this Act be deemed to be a resident of such municipality.

Statement of Amount Due

(8) The superintendent of the hospital shall from time to time furnish to the clerk of the municipality a statement of the amount due for the maintenance of any indigent person or for burial expenses and if the amount claimed is not paid within a reasonable time an action may be brought in any court of competent jurisdiction.

Liability of Patient, etc., to Corporation

(9) Upon payment by the corporation of the municipality the patient or his executors or administrators shall be liable to it for the amount paid.

Right of County to Recover from Local Municipality

(10) Where the corporation of a county has not made an agreement as provided by sub-section 5, it shall have the right to recover from the corporation of the township, town or village in which the indigent person resided three months as provided by sub-section 3, one-half of the amount paid by it.

Order for Admission—When Required

(11) No indigent person residing in a township bordering on the cities of Toronto or Hamilton shall be admitted to a hospital in such city without an order in writing signed by the reeve or deputy reeve or councillor of the medical health officer of such township.

Liability of Employer for Maintenance in Hospital

(12) Every employer of labor having more than ten persons in his employ and having a contract for the medical and surgical care of his employees shall be liable for the maintenance of such employee in any public hospital, but not at a higher rate than the actual cost per day for maintenance of such hospital.

ISSUES BOOKLET ON DIETS

Hahnemann Hospital, Philadelphia, of which John M. Smith is superintendent, recently put into printed form a series of diets for which there is more or less frequent demand by physicians. Previously there was occasional difference of opinion as to what constituted the type of diet ordered, with the result the neither the physician nor the dietitian had the same idea in mind in ordering or preparing any diet.

Since the adoption of the booklet, with the diets numbered and named, and with a definite prescription or content for each diet, there is perfect understanding at all times, and everybody is highly pleased,

Continued on Page 34

Classified Department

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Advertisers desiring change of copy should see that same reaches office of publication by 15th of month preceding issue.

Positions Open

WANTED—Accredited graduate nurses, dietitians and technicians; positions available in every section of the country; each applicant given individual attention; send for registration form. Medical Bureau, Marshall Field Annex, Chicago.

(a) GENERAL DUTY NURSES WANTED, large lake port; \$100 and full maintenance; 40-bed hospital with active obstetrical and accident service; only Protestant 3-year graduates considered. (b) General Duty Nurse wanted in 120-bed Chicago hospital; \$100 and maintenance; Illinois registration required; No. 1008 Aznoe's Central Registry for Nurses, 30 North Michigan, Chicago.

(a) INSTRUCTRESS WANTED in 130-bed New England hospital; \$100 month and maintenance. (b) T.B. Field Nurse wanted for County work—either experience or Public Health Course required, also New York registration; \$150 without maintenance. No. 1009 Aznoe's Central Registry for Nurses, 30 North Michigan, Chicago.

WANTED—Experienced Instructress—New Modern Hospital—Training School of 45 nurses. Duties to commence September 1st, 1926. Apply stating qualifications and salary expected to the Superintendent, Memorial Hospital, St. Thomas, Ont., Canada.

Positions Wanted

WANTED—Situations for accredited graduate nurses, technicians and dietitians; candidates available for every kind of position—from general duty nurse to hospital executive; references investigated always; services gratis to employers. Medical Bureau, Marshall Field Annex, Chicago. tf

Used X-Ray Equipment

WE HAVE IN STOCK, ready for immediate shipment, a quantity of slightly used X-Ray and Physiotherapy equipment. It has been thoroughly overhauled in our own workshops and is in excellent condition. Write for a complete list with prices and full particulars. The Burke Electric and X-Ray Company, 490 Yonge Street, Toronto. tf

Schools of Instruction

WOMAN'S HOSPITAL IN THE STATE OF NEW YORK, West 110th St., New York City (155 gynecological beds, 50 obstetrical beds).

Affiliations offered to accredited training schools for three months' courses in obstetrics.

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Six months in gynecology, obstetrics, operating room technic, clinics and ward management. Three months in obstetrics. Three months in operating room technic and management. Theoretical instruction by attending staff and resident instructor. Post-graduate students receive allowance of \$15 monthly and full maintenance.

Nurse-helpers employed on all wards. For further particulars address, Directress of Nurses, Woman's Hospital.

Miscellaneous

BLANKETS FOR HOSPITALS—"If it's blankets, buy the Skelton Brand." We specialize in hospital blankets and sell direct from the mills. Get better quality blankets at lower prices. Hundreds of prominent hospitals are our customers. Write for miniature samples and prices. Skelton Woollen Mills Company, 47 King St. West, Toronto.

DIPLOMAS—ONE OR A THOUSAND—Illustrated circular B mailed on request. Ames & Rollinson, 206 Broadway, New York, N.Y.

Continued from Page 33

A number of hospitals, of course, mimeograph or typewrite a list of diets, but few, probably, have gone as far as Hahnemann in the printing of this little booklet of 40 pages, approximately 3 inches by 5 in size.

The following are the definitions of some of the diets in the booklet:

Diet 1—Liquid.

About 1,500 calories:

Broths, tea, coffee, fruit juices, milk, buttermilk, eggnog, albumen drinks, malted milk, gruels, cream soups, ice cream, gelatine, junket.

Feedings to be given every two hours if patient is awake, beginning at 6 a.m.

Diet 2—Soft.

About 2,500 calories:

All foods listed on Liquid, and toast, bread, crackers, with butter; soft cooked eggs, baked potato, mashed potato, boiled rice, boiled macaroni, cooked cereals, cooked fruits, soft puddings, sponge and angel cakes.

Mid-morning, mid-afternoon and evening nourishment to be given between meals.

Diet 3—Light.

About 2,500 calories:

All foods listed on Liquid and Soft and chicken, sweetbreads, white fish, oysters, fresh fruits, cooked vegetables, jellies, light cakes, rolls.

Diet 4—Full.

About 3,000 calories:

Well balanced meals of well cooked, easily digested foods.

Diet 5—Diabetic.

To be prescribed by doctor to suit the individual need of patient.

Diet 6—Green Day Diet.

Breakfast—1 egg, 1 cup black coffee.

Dinner—150 gm. spinach or other 5 per cent. vegetable, 1 egg, 15 gm. bacon, 50 gm. lettuce or other 5 per cent. salad vegetable, 15 gm. oil, 1 cup black coffee.

Supper—1 egg, 100 gm. tomatoes or other 5 per cent. vegetable, 10 gm. butter, 15 gm. bacon, 100 gm. 5 per cent. vegetable (cooked or raw), 1 cup black coffee.

This diet gives 681 calories for the day. Twelve gm. carbohydrates, 21.4 gm. protein, 60.9 gm. fat.—Hospital Management.

Large Grant to Hospital

Toronto.—At a private meeting with the Civic Hospital Commission on June 25th, the Board of Control decided to grant \$150,000 to the new Eastern General Hospital. After lengthy discussion Controller MacGregor proposed, "That the city's grant to the Toronto Eastern General Hospital be \$150,000, subject to the said grant being validated by the Ontario Legislature." The Hospital Commission did not endorse this, sticking by its report, that the city should not grant more than 33⅓ per cent. of the capital cost, but members of the Board unanimously passed the resolution.

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To Erect New Hospital

Renfrew.—The Renfrew Town Council, at a special session, decided, by the Mayor's casting vote, to construct a forty-bed hospital on the site of the old building, which was destroyed by fire. Tenders will be called for immediately and a start made on the work early in July.

94,000 Hours Saved

Accident prevention methods saved 94,000 hours of labour in one year for a certain truck manufacturing establishment, reports W. Dean Keefer, director, industrial safety division, National Safety Council.

THE HOSPITAL BUYERS' DIRECTORY

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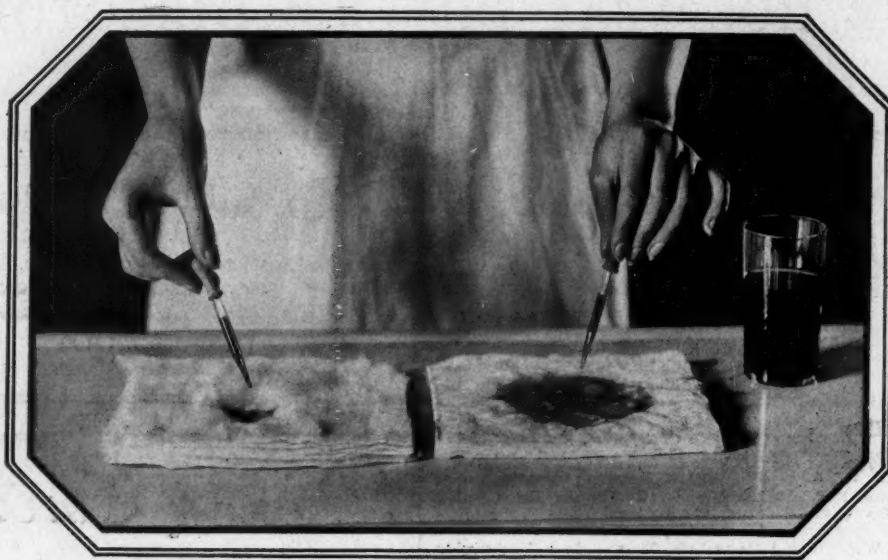
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The pad of cotton absorbs drainage in only one spot, causing leakage before saturation. The pad of Cellucotton distributes drainage over its entire surface.

Drainage penetrates to every inch of the Cellucotton dressing! —preventing waste and leakage

FOUR to eight times more absorbent than ordinary cotton—with a greater capillary action—Cellucotton is now being used in over 2300 hospitals throughout the country. Many of them find it so efficient and economical that it fills 80% to 90% of their absorbent requirements.

Born during the great war, Cellucotton's safety and efficiency were proven on the battlefields. Since then, many improvements have been made in its manufacture until today Cellucotton is adaptable to the most exacting requirements of medical and hospital usage.

Cellucotton, always economical, is still more so at the new low prices now in effect. If you have not received your notice of this price reduction, ask the Curity representative or write us direct.

Eight Reasons Why Cellucotton Is The Most Useful Absorbent

1. Cellucotton absorbs from 4 to 8 times more drainage before saturation than most grades of absorbent cotton.
2. It retains more liquid before leakage takes place.
3. It absorbs 3 to 5 times as fast as absorbent cotton.
4. It draws fluid against gravity. It serves as a wick instead of a dam.
5. Fluid penetrates to every part of the Cellucotton dressing.
6. On account of its bulk, it makes more dressings per pound than absorbent cotton.
7. It is lighter, cooler and more comfortable for the patient.
8. Its cost is so low as to make it one of the most economical forms of absorbents.

Cellucotton is not sold in bulk only. It is also specially prepared for two specific uses. Because of its absorbency and economy, it is an ideal material for wipes of all kinds. It is specially calendered for this use, giving it necessary firmness with no loss of absorbency. The finished product—*Celluwipes*—are easy to use—easy to dispose of. They are more economical than most materials, and can be used for wipes of every variety.

Kotex pads, made of Cellucotton and Curity Absorbent Gauze, possess all the outstanding features of bulk Cellucotton. They are comfortable for the patient, thoroughly absorbent, with a great ability to retain drainage. They present a distinct saving to the hospital in time and material.

The coupon will bring generous samples of Cellucotton products to hospital executives. And, when buying, *always insist on genuine Cellucotton.*

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Hospital

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